Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Cockeysville County: Balto

Date of death: Month: 12 Day: 8 1904

Age: Years: Dead Born Months: Days:

Sex: Male Color or Race: Black Birthplace: Cockeysville

Occupation: none Where Residing if not at place of death: Cockeysville

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Jake Anderson Father's Birthplace: Balto Co

Mother's Maiden Name: Alice Blake Mother's Birthplace: Balto Co

Name of person giving Information: Mrs Emergy How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dead Born S. How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jno Wm Trenchard MD

Address: Cockeysville Md

Accident or Suicide? no

LIBRARY BUREAU A66619

Name in Full: Julia A. Anderson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Church Kill — County: Da Co.

Date of death: 1904 Month: Dec. Day: 28. Age: Years 80 Months 4. Days 8.

Sex: Female. Color or Race: White. Birthplace: Da Co

Occupation: —. Where Residing if not at place of death: —

Married, Single or Widowed: Widowed. Name of Wife or Husband: James Anderson

Father's Name: George Culgan. Father's Birthplace: Md

Mother's Maiden Name: Angie — 66 — Mother's Birthplace: Md

Name of person giving Information: James E Anderson. How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Paralysis. How long: for Some Years

Immediate: Have not seen for Several months. How long: Dont Know

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. H. G. Medora

Address: Church Hill Md

Accident or Suicide?

LIBRARY BUREAU A88318

Name in Full: John Waller Appleford

CERTIFICATE OF DEATH

MARYLAND

Died (Town) near Price's County Queen Anne's

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904 Month Dec Day 23 Age Years 76 Months 8 Days 28

Sex Male Color or Race White Birthplace England.

Occupation Farmer Where Residing if not at place of death near Price's.

Married, Single or Widowed Married Name of Wife or Husband Mary Amanda Appleford

Father's Name Henry Brunsden Appleford Father's Birthplace England.

Mother's Maiden Name Lucy Jacques Mother's Birthplace England.

Name of person giving Information Richard Lyle Appleford How related to deceased Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Prostatitis & Uremia How long 5 yrs.

Immediate Asthenia How long 3 or 4 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Wm. G. Coffman

Address Church Hill Md

Accident or Suicide?

LIBRARY BUREAU ASSN

Name in Full: Inda Carter

CERTIFICATE OF DEATH

MARYLAND

Died at: Near Town: Centreville County: Q. A.

Date of death: 1904 Month: Dec Day: 21 Years: Age Months: 3 Days: 24

Sex: Female Color or Race: Negro Birthplace: Q. A. Co

Occupation: Wife Residing if not at place of death: Near Centreville

Married, Single or Widowed: Widowed Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Cooper Father's Birthplace: Q. A. Co

Mother's Maiden Name: Inda Carter Mother's Birthplace: Q. A. Co

Name of person giving Information: T. E. Bryan How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bad cold How long: 2 weeks

Immediate: Pneumonia 92 How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: None

Jos. G. Dawson

Address: Centreville Md

Accident or Suicide?

LIBRARY BUREAU A88818

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Hugh J. Cole

Died at — Town: Brownsville — County: Queen Annes

Date of death 1904 — Month: Dec. — Day: 28th — Age — Years: 70 — Months — Days

Sex: Male — Color or Race: White — Birthplace

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: Margaret Cole

Father's Name: Jessup Cole — Father's Birthplace

Mother's Maiden Name: Rach Calloway — Mother's Birthplace

Name of person giving information: Joseph Hopkins — How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Fall on back — How long: 2 yrs.

Immediate: Concussion 1/16 — How long: 24 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. R. Benton

Address: Brownsville

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A606 18

Name in Full: Rachel Ann Conyer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Salem | County: Queen Anne's

Date of death: Month: 12 | Day: 31 | 190 4

Age: Years: 36 | Months | Days

Sex: Female

Color or Race: Negro.

Birthplace: 2. A. Co. Md

Occupation: Cook

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Chas Conyer

Father's Birthplace: 2. A. Co Md

Mother's Maiden Name: Rachel A Thomas

Mother's Birthplace: " " " "

Name of person giving information: Rachel a Conyer

How related to deceased: Mother

CAUSES OF DEATH

Primary: Consumption

How long: Four years

Immediate: Exhaustion

How long: Four Months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Robt. W. Eddins M.D.

Address: Centreville

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Linwood Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Crumpton — County: Q. A. Co.

Date of death 1904	Month	Day	Years	Months	Days
	Dec	23	Age 9 Years	—	—

Sex: male — Color or Race: White — Birthplace: Near Crumpton

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Linwood Davis — Father's Birthplace: Maryland

Mother's Maiden Name: Cecilia Subers — Mother's Birthplace: Maryland

Name of person giving Information: Guy Subers — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Peritonitis — How long: 5 d

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. W. G. Medora, M.D.

Address: Church Hill, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Thomas Davis

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Centreville — County: Queen Annes

Date of death 1904 — Month: 12 — Day: 26 — Age: Years 76, Months x, Days No—

Sex: Male — Color or Race: White — Birthplace: Q. A. County, Md.

Occupation — Where Residing if not at place of death

Married, Single or Widowed: widower — Name of Wife or Husband

Father's Name: John Davis — Father's Birthplace: Q. A. County Md

Mother's Maiden Name: Catherine Hackett — Mother's Birthplace: Don't Know

Name of person giving In formation: T. N. Davis — How related to deceased: son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intestinal Obstruction, Chronic — How long

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas Bordley MD

Address: Centreville Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: John Thomas Lenny

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Stevensville — County: Queen Anne's

TO BE ANSWERED BY NEAREST FRIEND

Date of death 190	Month: Dec	Day: 30	Years: Age 60	Months: 1	Days: 2
Sex: Male	Color or Race: Color			Birthplace: Kent Island	
Occupation: Day's Work		Where Residing if not at place of death: Stevensville			
Married, Single or Widowed: Widower	Name of Wife or Husband: Mary Lenny				
Father's Name: Tilly Lenny				Father's Birthplace: Kent Island	
Mother's Maiden Name: unknown				Mother's Birthplace: " "	
Name of person giving information: Charles C. Layton				How related to deceased: None	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis		How long: 1 year.
Immediate: Cardiac Asthenia		How long: 10 days.
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician: Dr Chas. E. Snyder	
	Address: Stevensville Md.	
Accident or Suicide?		

LIBRARY BUREAU A66316

Name in Full: John Richard Downs

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Kent Island; County: Queen Annes

Date of death 1904	Month	Day	Years	Months	Days
	12"	8"	Age 58	4	23

Sex: Male

Color or Race: White

Birthplace: Kent Island Md

Occupation: Farmer

Where Residing if not at place of death: Kent Island Md

Married, Single or Widowed: Married

Name of Wife or Husband: Arianna Downs (Henry)

Father's Name: Charles Downs

Father's Birthplace:

Mother's Maiden Name: Mary Folsom

Mother's Birthplace: Kent Island

Name of person giving information: John A. Phillips

How related to deceased: Not at all Except by Marriage

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Organic Heart Disease 19

How long: 4 yrs

Immediate: Dropsy

How long: 3 wks

Are the name, age, sex, color, date and place correctly given above? Yes

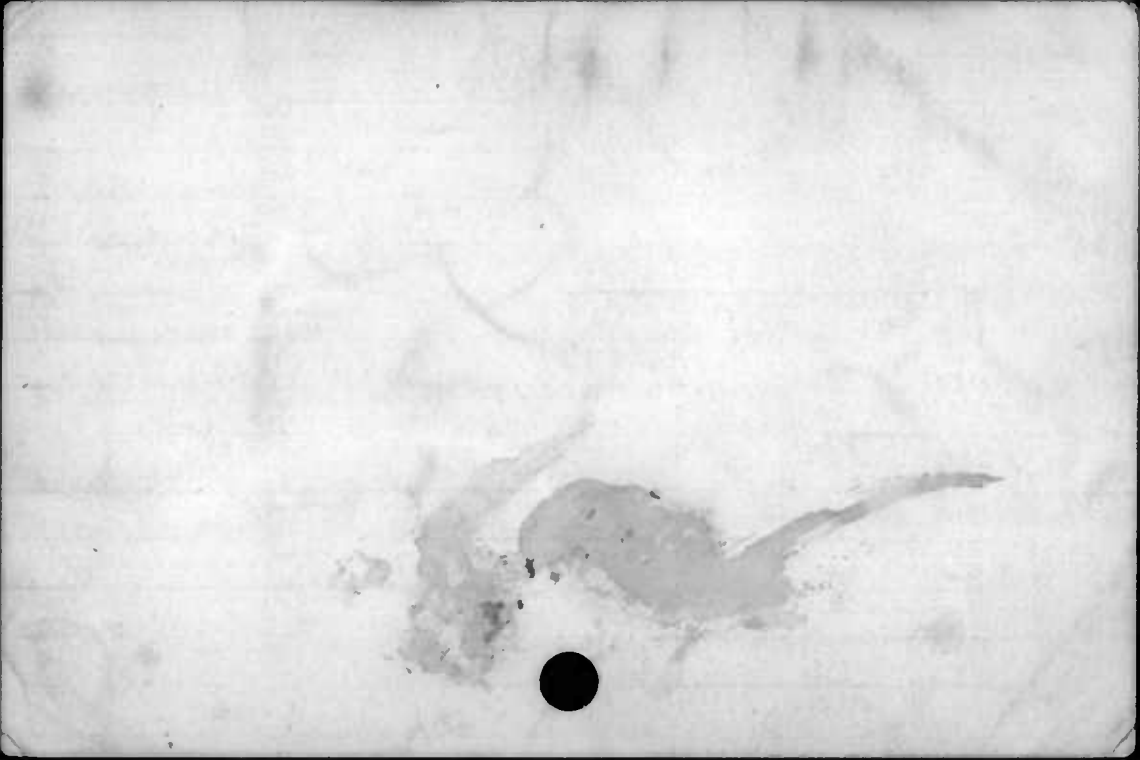
Signature of Physician: C. Percy Kemp

Address: Stevensville Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU



Name in Full: Bettie Gross

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: near Centreville — County: Q. A.

Date of death: Month: Dec. — Day: 17 — 1904

Age: Years: — Months: 5 — Days:

Sex: Girl — Color or Race: Negro — Birthplace: Queen Anne Co

Occupation: — Where Residing if not at place of death: Queen Anne Co

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Emory Gross — Father's Birthplace: Queen Anne Co

Mother's Maiden Name: Margaret Gosaway — Mother's Birthplace: Queen Anne Co

Name of person giving information: Margaret Gosaway — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Croup — How long: two days

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jos. G. Dawson

Address: Centreville Md

Accident or Suicide? F. D.

LIBRARY BUREAU A88516

Name in Full: Pearline Hall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Crumpton | County: Queen Annes

Date of death 190 | Month: 12 | Day: 31 | Age: Years: 1 | Months: — | Days: —

Sex: Female | Color or Race: Black | Birthplace: Maryland

Occupation: — | Where Residing if not at place of death: near Crumpton

Married, Single or Widowed: Single | Name of Wife or Husband: —

Father's Name: George Hall | Father's Birthplace: Maryland

Mother's Maiden Name: Dona Ringgold | Mother's Birthplace: Maryland

Name of person giving Information: George Hall | How related to deceased: not related

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Unknown | How long: two weeks

Immediate: Unknown | How long: two weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: No Physician in attendance

Address: B. F. Harley Sub Reg. Crumpton, Md.

Accident or Suicide?

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LIBRARY BUREAU A88516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: William Hurlock

Died at (Town) Church Hill (County) Queen Anne's

Date of death 1904 (Month) Dec. (Day) 29 **Age** (Years) 77. (Months) — (Days) —

Sex Male **Color or Race** White **Birthplace** Kent Co. Md.

Occupation Gentleman **Where Residing if not at place of death** Church Hill

Married, Single or Widowed Widowed **Name of Wife or Husband** Margaret Meredith & Julia A. Marino

Father's Name John Hurlock **Father's Birthplace** Md.

Mother's Maiden Name Araminta Simmons **Mother's Birthplace** Md.

Name of person giving information Mary C. Hurlock **How related to deceased** Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Arthritis Deformans & Meningitis **How long** 5 months

Immediate Asthenia **How long** 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. G. Coppage

Address Church Hill Md.

Accident or Suicide?

LIBRARY BUREAU A6818

Name in Full: Jenkins.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Jenkintown of W-D Rd; County: Cecil

Date of death: 1904 Month: Dec Day: 2 Age: Years — Months: 11 Days —

Sex: Male Color or Race: Colored Birthplace: Queen Anne Co.

Occupation: — Where Residing if not at place of death: C. H. Co.

~~Married~~, Single or ~~Widowed~~: Single Name of Wife or Husband: —

Father's Name: Lawrence Jenkins Father's Birthplace: North Kent

Mother's Maiden Name: Dorit Kent ~~Jenkins~~ Mother's Birthplace: "

Name of person giving information: Personal Knowledge How related to deceased: —

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia How long: 72 hours

Immediate: Asphyxia from Congestion How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. E. Linder

Address: Elkton, Maryland.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Ella Agnes McFarland

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Town Anne County: Dare Co

Date of death: 1904 Month: 12 Day: 2

Age: Years: 20 Months: 1 Days: 16

Sex: Female Color or Race: White Birthplace: Dare Co N C

Occupation: General work Where Residing if not at place of death: At Place of death

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: James A McFarland Father's Birthplace: Dare Co N C

Mother's Maiden Name: Mary E. Tolman Mother's Birthplace: Dare Co N C

Name of person giving Information: Jas A McFarland How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Hepatitis How long: 2 weeks

Immediate: Icterus How long: 4 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J M Woodard M D

Address: Cedarville Md

Accident or Suicide? no

LIBRARY BUREAU A88816

Name in Full: J Chas Marshall

CERTIFICATE OF DEATH

MARYLAND

Died at: near Cedarville — Town: Cedarville — County: Queen Anne

Date of death: 1904 — Month: 12 — Day: 17

Age: 66 — Months: — Days: —

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: Blacksmith

Where Residing if not at place of death: At place of death

Married, Single or Widowed: Widowed

Name of Wife or Husband: —

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving Information: Thos L Pratt

How related to deceased: Son-in-Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arterio Sclerosis 64 — How long: 1 yr

Immediate: Cerebral Hemorrhage — How long: 9 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jno H Travers M.D

Address: Cedarville Md

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full: George Mytchell

CERTIFICATE OF DEATH

Died at: Home near Church Hill (Town) Queen Anne's Co (County) MARYLAND

Date of death: 1904 Dec (Month) 10 (Day) Age: Years 65 Months — Days —

Sex: Male Color or Race: Colored Birthplace: Cambridge

Occupation: Labourer Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~: Name of Wife or Husband: Josephine Mitchell

Father's Name: Does not Know Father's Birthplace: Does not Know

Mother's Maiden Name: Does not Know Mother's Birthplace: " "

Name of person giving Imformation: Benj Mitchell How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralyse How long: Two hrs

Immediate: asphyxia How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr N. S. Dudley

Address: Church Hill Maryland

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Samuel C. Shawn

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Centreville — County: Queen

Date of death: Month: Dec — Day: 27 — Year: 1904 — Age: 71 — Months: 9 — Days: —

Sex: Male — Color or Race: White — Birthplace: Queen Anne's Co.

Occupation: — Where Residing if not at place of death: Centreville Md

Married, Single or Widowed: Widowed — Name of Wife or Husband:

Father's Name: Saml. C. Shawn — Father's Birthplace: Md

Mother's Maiden Name: Sarah Sullivan — Mother's Birthplace: "

Name of person giving Information: Mrs Mallie Wallace — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arterio-Sclerosis — How long: Some years

Immediate: Angina Pectoris — How: Abnormal heart

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jas Bordley MD

Address: Centreville Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Irene Smith — II (W.H.P)

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Chestertown — County: Queen Anne

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Age: Years	Months	Days
1904	Dec	14			Stillborn

Sex: Female — Color or Race: White — Birthplace: Near Chestertown

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Wm Henry Smith — Father's Birthplace: Kent Co

Mother's Maiden Name: Irene H. Fields — Mother's Birthplace: Cecil Co

Name of person giving Information: Wm H. Smith — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Second birth of twins - Slow — How long

Immediate: delivery + lack of placental circulation — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H Benge Simmons

Address: Chestertown Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Samuel Henry Stewart

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cockeysville — County: Baltimore

Date of death: 1904 — Month: 12 — Day: 8 — Age: Years: 5 — Months: 3 — Days: 17

Sex: Male — Color or Race: Black — Birthplace: Baltimore Co

Occupation: none — Where Residing if not at place of death: Place of death

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Wesley Stewart — Father's Birthplace: Baltimore Co

Mother's Maiden Name: Effie Stopher — Mother's Birthplace: Baltimore Co

Name of person giving information: Wesley Stewart — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 1 week

Immediate: Exhaustion — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Howard Raum MD

Address: Cockeysville Md

Accident or Suicide? no

LIBRARY BUREAU A88616

Name in Full: Millie Talcom

CERTIFICATE OF DEATH

MARYLAND

Died: Town: Ingleside County: I. K.

Date of death: Month: Dec Day: 18 1904

Age: Years: 41 Months: 3 Days:

Sex: Female Color or Race: Colored Birthplace: D. C.

Occupation: House work Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: Charles Talcom

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: James Bowyer Father's Birthplace: Carolina Co.

Mother's Maiden Name: Harriett Powell Mother's Birthplace: D. A. C.

Name of person giving Information: Brother Cain How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inflamatory Rheumatism How long: 8 days

Immediate: Heart failure How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. M. D. Rowe M.D.

Address: Ingleside, Md.

Accident or Suicide:

LIBRARY BUREAU A88618

Name in Full: William Chester Waters

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chester — County: Q A

Date of death: 1904 — Month: Dec — Day: 3 — Age: Years: one — Months: 8 — Days: one

Sex: Male — Color or Race: White — Birthplace: Kent Island

Occupation: Nothing — Where Residing if not at place of death: Chester

Married, Single or Widowed: Sing'l — Name of Wife or Husband:

Father's Name: J S Waters — Father's Birthplace: Kent Island

Mother's Maiden Name: Mollie Seward — Mother's Birthplace: " "

Name of person giving Information: J S Waters — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough — How long: 2 mos.

Immediate: Pneumonia — How long: 2 wks.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Wm. P. Benton

Address: Stevensville

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Mr Mann

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Kentsdeland — County: P. G.

Date of death: Month: 12 — Day: 4 — Age: Years: — Months: 9 — Days:

Sex: Male — Color or Race: Black — Birthplace: Kentsdeland

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Edward V. White — Father's Birthplace: Kentsdeland

Mother's Maiden Name: Agnes Wilson — Mother's Birthplace: "

Name of person giving information: Edward V White — How related to deceased: Partner

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dont Know — How long: 9 months

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. A. Legg M.D.

Address: Kentsdeland P. G. Co. Md

Accident or Suicide?

LIBRARY BUREAU A38316